

VOID CHECK HERE

*** A VOID CHECK IS NEEDED FOR ACH processing and only monthly dues and renewal fees can be collected.**

*** Return item fee (insufficient fund) is \$20**

PLEASE SUBMIT VOID CHECK - Office attach check here

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize **Atletico Santa Rosa**, to initiate debit entries to my (our) checking/savings account at the depository financial institution named below.

ACADEMY: The monthly due is \$100 and will be debited on the 5th of each month.

MLS NEXT: \$200 (Includes: Facility Rentals, Referee Fee, PT Trainers, Player Pass, and Video Camera) **Season year-round / 12 months.**

Annual registration renewal is \$100 and will be debited on March 5th of every year.

***Atletico Santa Rosa will no longer charge for the player pass renewal and lights in the winter turf practice.**

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Atletico Santa Rosa has received ACH Stop Payment Request form from me (us) of its termination.

CANCELLATION of ACH requires 30 Days Advance Notice before the 5th of the month (ACH processing day) for Atletico Santa Rosa to process it.

Atletico Santa Rosa will NOT cancel ACH for players injured less than 60 days and/or without a doctor's note stating injury and 60+ day duration.

There are no refunds for players injured mid month.

***Note: If you need an ACH Stop Payment Request form, please go to Atleticosr.org**

ACH STOP PAYMENT REQUEST FORM CAN BE MAILED, EMAIL OR FAXED TO:

- Atlético Santa Rosa, PO Box 2215, Santa Rosa, CA 95405
- Email: sheena@optimabuildingservices.com
- Fax: 707-586-6634

Names on the account:

Name: _____

Signature: _____

Date: _____

Phone #: _____

Child's Name: _____

Team Name: _____